## **EXECUTIVE COUNCIL OF IOWA**

## **AGENDA**

# **NOVEMBER 14, 2011**

- 1. Introduction of Attendees
- 2. Approval of minutes of meeting held October 31, 2011
- 3. Leases Page 1
- 4. Litigation Expense Page 1 TAB # 1
- 5. Emergency Allocations Page 1
- 6. Payment of Cost Items Pages 2 4
- 7. Renewal Memberships Pages 5 6 TAB #'s 2, 3, 4, 5, 6, 7, 8, 9 and 10

#### 3. Leases

A. Lease between Public Safety, Iowa State Patrol and Cedar Rapids Airport Commission - Cedar Rapids, IA

Date of Lease: September 1, 2010 - August 31, 2013

Description: The lease space consists of one aircraft engine hanger for storage of an aircraft. For the lease term commencing in October 2010, the annual cost will be \$1,056.00 or \$88.00 per month. The total cost of this lease is approximately \$3,168.00.

B. Lease between Vocational Rehabilitation and Manasota Key L.L.C., James Bauer Storm Lake, IA

Date of Lease: November 16, 2011 - November 30, 2016

Description: The total amount of rented space is 720 square feet. For the lease term commencing in December 2011, the annual cost will be \$6.25 per square foot, per year, or \$375.00 per month, plus the cost of utilities and janitorial services in the leased premises. The annual cost of this lease is approximately \$4,500.00 and the total cost of this lease is \$22,500.00.

Grant Dugdale, Assistant Attorney General, has reviewed the above leases and approved the leases as to form.

### 4. Litigation Expense Fund

A. Request from the Attorney General's office on behalf of the Department of Revenue to expend \$60,000.00 from the Litigation Expense Fund during the second quarter of the 2012 fiscal year.

**TAB#1** 

#### 5. Emergency Allocations

A. Department of Public Safety, Iowa State Patrol District Office is requesting a supplemental emergency allocation in the amount of \$22,621.27. On August 18, 2011 the Council Bluffs District Office sustained storm and hail damaged to the Atlantic State Radio and 20 vehicles. Request is to cover repair costs.

The State Auditor's Office has reviewed the above request and recommends allocation in the amount of <u>\$22,543.27</u>, subject to audit of actual invoices disallowing \$78.00 in sales tax that was included on the request. This will bring the total allocation to \$165,342.97.

### 6. Payment of Cost Items

•	
Α.	Nyemaster, Goode, West Hansell & O'Brien, P.C\$12,317.58 700 Walnut, Suite 1600 Des Moines, IA 50309 Homan, Dotzler, Hunter, Jacoby, Running-Marquardt, and Beall v. Terry E. Branstad
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment.
В.	Dorsey & Whitney
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the Revenue Bonds Debt Service Fund.
C.	Dow, Lohnes PLLC
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the funds of Iowa Public Television.
D.	Simmons Perrine Moyer Bergman PLC\$27,038.15 115 Third Street SE, Suite 1200 Cedar Rapids, IA 52402 Tobacco Settlement Authority
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the funds of the Tobacco Settlement Authority.
E.	Coppola, McConville, Coppola, Hockenberg & Scalise, P.C\$5,000.00 2100 Westown Parkway, Suite 210 West Des Moines, IA 50265-1539

Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the Consumer Litigation and Education Fund.

Mortgage Industry Practices

F.	Shuttleworth and Ingersoll, P.L.C
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made both from the General Fund (\$80.00 per hour) and by the Board of Regents (\$95.00 per hour plus expenses).
G.	Davis, Brown, Koehn, Shors & Roberts, P.C\$3,551.00 The Davis Brown Tower 215 10 <sup>th</sup> Street, Suite 1300 Des Moines, IA 50309-3993 Legal Services to state agencies on issues related to the visa status of prospective state employees
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the funds of the Iowa Economic Development Authority.
H.	Coppola, McConville, Coppola, Hockenberg & Scalise, P.C\$142.50 2100 Westown Parkway, Suite 210 West Des Moines, IA 50265-1539 Campaign Contributions from Fort Dodge Gambling Interests to Governor Culver
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment.
)	Wandro & McCarthy, P.C
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the funds of the Unclaimed Property Fund.
J.	Coppola, McConville, Coppola, Hockenberg & Scalise, P.C\$19,667.25 2100 Westown Parkway, Suite 210 West Des Moines, IA 50265-1539 Campaign Contributions from Fort Dodge Gambling Interests to Governor Culver
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment.

K.	McDowell, Rice, Smith & Buchanan
	Julie Pottorff, Deputy Attorney General, has reviewed this invoice and recommends payment. Payment will be made from the funds of the Tobacco Settlement Authority.
L.	Patterson Law Firm L.L.P
M.	Patterson Law Firm L.L.P
N.	Patterson Law Firm L.L.P
	Julie Pottorff, Deputy Attorney General, has reviewed these invoices and recommends payments.
O.	Dept. of Administrative Services & Dept. of Human Services\$201,811.84 On August 9, 2009 the Eldora State Training school sustained storm/hail damage to the Campus. Request is to cover estimated damages of \$883,628.00.
	The State Auditor's Office has reviewed the above request and recommends payment.
Ρ.	Dept. of Administrative Services-General Services Enterprise \$2,533.00. On June 26, 2011 a lightning strike at the State Capitol damaged the Fire

The State Auditor's Office has reviewed the above request and recommends payment, this represents full and final payment and this allocation will be closed.

Alarm System. This request is to cover repair costs.

#### 7. Renewal Memberships

A. Commerce - Prof. Lic. in Council of Landscape Architectural Examining Boards (CLARB) in the amount of \$5,170.00 for October 1, 2011 - September 30, 2012. (Previous amount was \$5,020.00.) Other agencies: No: Funding Source: Other Funds: Licensing Fees

#### TAB # 2

- B. Department on Aging in Meals on Wheels Association of America in the amount of \$150.00 for December 1, 2011 December 1, 2012. (Previous amount was \$150.00.) Other agencies: No: Funding Source: Other State Funds
- C. Department on Aging in National Association of Legal Services Developers in the amount of \$95.00 for January 1 December 31, 2012. (Previous amount was \$95.00.) Other agencies: No: Funding Source: Federal Funds
- D. Economic Development in Travel & Tourism Research Association and CenStates Chapter in the amount of \$230.00 for January 1 December 31, 2012. (Previous amount was \$200.00.) Other agencies: No: Funding Source: State General Fund
- E. Education in IDEA Infant and Toddler Coordinator's Association in the amount of \$2,000.00 for January 1 December 31, 2012. (Previous amount was \$2.000.00.) Other agencies: No: Funding Source: Federal Funds TAB # 3
- F. Emergency Management in National Emergency Number Association (NENA) in the amount of \$130.00 for January 1 December 31, 2012. (Previous amount was \$120.00.) Other agencies: No: Funding Source: Other Funds: E911 Surcharge Fund
- G. Health in Association of Problem Gambling Service Administrators in the amount of \$1,500.00 for July 1, 2011 June 30, 2012. (Previous amount was \$1,500.00.) Other agencies: No: Funding Source: State General Fund TAB # 4
- H. Health in Federation of State Boards of Physical Therapy in the amount of \$2,500.00 for January 1 December 31, 2012. (Previous amount was \$2,500.00.) Other agencies: No: Funding Source: Other Funds: Retained Fees

#### **TAB # 5**

1. Health in Iowa Public Health Association in the amount of \$500.00 for January 1 - December 31, 2012. (Previous amount was \$400.00.) Other agencies: No: Funding Source: State General Fund

- J. Human Services in Association for Challenge Course Technology in the amount of \$275.00 for October 27, 2011 October 26, 2011. (Previous amount was \$275.00.) Other agencies: No: Funding Source: Other State Funds: Unappropriated Funds
- K. Human Services in National Association of Councils on Developmental Disabilities (NACDD) in the amount of \$6,431.00 for October 1, 2011 -September 30, 2012. (Previous amount was \$6,296.00.) Other agencies: No: Funding Source: Federal Funds

### TAB # 6

- L. Human Services in National Association of Medicaid Directors NAMD in the amount of \$7,350.00 for July 2011 - July 2012. (Previous amount was \$7,350.00.) Other agencies: No: Funding Source: Federal Funds TAB # 7
- M. Human Services in State Employment Leadership Network (SELN) in the amount of \$35,000.00 for July 1, 2011 June 30, 2012. (Previous amount was \$35,000.00.) Other agencies: No: Funding Source: Federal Funds TAB #8
- N. Natural Resources in Upper Mississippi River Basin Association (UMBRA) in the amount of \$12,000.00 for July 1, 2011 June 30, 2012. (Previous amount was \$12,000.00.) Other agencies: Yes: Funding Source: DOT, IDALS and IPEP

#### **TAB#9**

- O. Public Defense in The Association of Energy Engineers in the amount of \$185.00 for January 1 December 31, 2012. (Previous amount was \$185.00.) Other agencies: No: Funding Source: Federal Funds
- P. Transportation in Commercial Vehicle Safety Alliance (CVSA) in the amount of \$7,900.00 for January 2012 January 2013. (Previous amount was \$7,900.00.) Other agencies: 1: Funding Source: Federal Funds TAB # 10

### EMECUTIVE COUNCIL

THOMAS J. MILZER I 1107 10 AN 9: 44,

JULIE F. POTTORFF DEPUTY ATTORNEY GENERAL



Address Reply To: 1305 E. Walnut Street Des Maines, Jowa, 50315

Telephone: 515/281-3349 Fax: 515/281-4209 Julie.Pottorfl@lowa.gov

### Iowa Department of Justice

November 8, 2011

GeorgAnna Madsen Executive Secretary Executive Council State Capitol L-O-C-A-L

Re: Litigation Expense Fund

Dear GeorgAnna:

On behalf of the Department of Revenue, Assistant Attorney General Jim Miller requests authorization to expend monies from the Litigation Expense Fund pursuant to Iowa Code section 441.73 in the second quarter of the 2012 fiscal year. The Department started the 2012 fiscal year with a balance of \$643,839.51.

Monies are needed primarily to cover two litigation cases and additional expenses from the first quarter of the 2012 fiscal year. Cable One, Inc., carried over from the 2011 fiscal year. The Department also appealed an adverse ruling in district court on a constitutional issue raised by Qwest. Briefing will be required in both the Cable One, Inc., and Qwest cases. In addition, there will be initial discovery involving a challenge to the replacement tax under Iowa Code chapter 437A. Litigation fees and expenses are estimated at \$45,000. Last quarter the Department exceeded its estimated fees and expenses by approximately \$14,000.

The Department, therefore, requests authorization to expend \$60,000 from the Litigation Expense Fund in order to cover estimated litigation fees and expenses for the second quarter of the 2012 fiscal year and to cover the additional expenses incurred during the first quarter of the 2012 fiscal year.

Sincerely,

JULIE F. POTTORFF Deputy Attorney General

who F. Pottorg

Capitol Building Des Moines, Iowa 50319 Phone: 515 281-5368 FAX: 515 281-7562 
> IOWA DEPT. OF MANAGEMENT

> > July 2009

DEPARTMENT REQUESTING MEMBERSHIP: Department of Commerce, Banking Division, Professional Licensing Bureau, Landscape Architectural Examining Board
NAME OF ORGANIZATION: Council of Landscape Architectural Examining Boards (CLARB)
NEW MEMBERSHIP RENEWAL X MEMBERSHIP PERIOD: 10/1/2011 - 9/30/2012 (Beginning and ending dates)
MEMBERSHIP FEE OR DUES AMOUNT \$ 5,170
Funding Source: State General Fund   Other State Funds
Federal Funds $\square$ Other Funds $X$ Licensing Fees If Renewal, previous year amount. \$5.020
DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? $\Box$ Yes $X$ No
If yes, please list:
Please describe why your department should have an additional membership
WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? XYes \( \triangle \) No  If yes, list the anticipated number of trips per year and their purpose: Membership requires two trips per year – an Annual Meeting and a Regional Meeting. Costs are not paid for by membership dues.
DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:  The National organization develops the Uniform National Exam for entrance into the profession. It also provides uniform standards of practice; education for entry and continuing education. Iowa would not have access to the examination if dues are not paid and Iowa candidates would be required to test in other states with the fees going to those states. The meetings provide vital information and an opportunity for members and staff to exchange ideas and information with their peers from other states as well as an opportunity to interact with the officers and staff of CLARB.
DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.
Provides uniform standards of practice; education for entry and continuing education for the profession.
DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Daily, weekly and monthly.
Requested by: / W GLAN Date: 10-17-11  (Department Head Signature)
Phone: 515-281-4014
DOM: Approval Disapproval Domain Date 11/1/11
Membership Form 42400

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

TAB#3

RECEIVED

OCT 26 2011

IOWA DEPT. OF MANAGEMENT

DEPARTMENT REQUESTING MEMBERSHIP: Education
NAME OF ORGANIZATION: IDEA Infant and Toddler Coordinator's Association
NEW MEMBERSHIP RENEWAL _X_ MEMBERSHIP PERIOD: 1/1/12 - 12/31/12 (Beginning and ending dates)
MEMBERSHIP FEE OR DUES AMOUNT \$2000
Funding Source: State General Fund $\ \square$ Other State Funds $\ \square$
Federal Funds X Other Funds
If Renewal, previous year amount. \$2000
DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? $\Box$ Yes $oldsymbol{X}$ No
If yes, please list:
Please describe why your department should have an additional membership
WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? $\square$ Yes $X$ No If yes, list the anticipated number of trips per year and their purpose:
DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:
The department is required to coordinate a system of services for infants, toddlers, and their families as part of our federal grant for Individuals with Disabilities Act funding. This organization advocates and provides information, mentors, and support to state coordinators to carry out the mandates of this federal program and to expand the system of services.
DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.
This organization assists us in working with other agencies at the state and local level to assist young children's growth, health, and development and to better prepare children to enter school ready to learn.
DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: We will receive information through e-mail, list serves, phone
calls, and written correspondence from mentors and other state coordinators on an ongoing basis.
Requested by: Jeff Berger, CFO
(Department Head Signature)
Phone: _515.281.3968(jeff.berger@iowa.gov) Date: 10/24/2011
DOM: Approval Disapproval D
Signature
Membership Form 42400  July 2009

TAB # 4

Capitol Building Des Moines, Iowa 50319 Phone: 515 281-5368 FAX: 515 281-7562

DEPARTMENT REQUESTING MEMBERSHIP: Department of Public Health  NAME OF ORGANIZATION: Association of Problem Gambling Service Administrators  NEW MEMBERSHIP MEMBERSHIP PERIOD: 7/1/2011 to 6/30/2012
MEMBERSHIP FEE OR DUES AMOUNT \$_\$1,500
Funding Source: State General Fund X Other State Funds [
Federal Funds Other Funds
DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? [] Yes X No
WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? A Yes X No
If yes, list the anticipated number of trips per year and their purpose: It's not required but
recommended that member states attend an annual conference in Milwaukee, WI in June 2012
DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.  The mission of APGSA is to: support the development of services that will reduce the impact of problem gambling. Toward that end APGSA strives to:  Provide a unified voice to advocate for problem gambling services.  Establish best practice prevention and treatment models.  Disseminate accurate and timely information.  Support research on treatment, prevention and public awareness.  Serve as a clearinghouse and point of contact for members and entities seeking up to date information on publicly funded services.  Currently there is no federal entity that organizes problem gambling services. It has historically been a state issue. As a member of the APGSA the department has access to the network gambling program service administrators around the county. It provides a great opportunity to network in order to understand how the best practices in treatment and prevention are implemented.  DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA. Understanding best practices in treatment, education will allow the
department to provide efficient and effective services to Iowans. Remaining connected with this national organization will allow Iowa to continue to be a leader in services for problem gamblers.
DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: The APGSA hosts monthly to quarterly conference calls in addition to a national meeting during the National Conference on Problem Gambling. The department has frequent email and phone contact with other members of the organization.  Requested by:
(Department Head Signature)  Phone:
Membership Form 42400
DOM: Approval ( Disapproval ()
Signature Date 11/2/11
where Council - Please return approval/derical enformation to the
TAKON A MARCIA GORNALER, Thouse you

Capitol Building Des Moines, Iowa 50319 Phone: 515 281-5368 FAX: 515 281-7562

TAB # 5

	DEPARTMENT REQUESTING MEMBERSHIP. IDPH
	NAME OF ORGANIZATION Federation of State Boards of Physical Therapy
	NEW MEMBERSHIP RENEWAL _X MEMBERSHIP PERIOD: 01/01/2012-12/31/2012 (Beginning and ending dates
	MEMBERSHIP FEE OR DUES AMOUNT \$ 2500 00 2054
	Funding Source: State General Fund 🗍 Other State Funds 🗋
	If Renewal, previous year amount. \$ 2500.00
	DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? [] Yes <b>X</b> No If yes, please list:
	Please describe why your department should have an additional membership
	WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? $\Box$ Yes $m{X}$ No If yes, list the anticipated number of trips per year and their purpose:
	DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:  FSBPT is the association of state boards responsible for the regulation of physical therapists and physical therapist assistants in the U.S. FSBPT is the sole source provider of the National examination for PT and PTA's. As a member board licensure applicants are allowed to register online to take the exam and the board can approve applications for the exam and receive score reports online, which expedites the licensure process. Membership dues entitle the board executive and one
	delegate to attend an annual meeting for all updates on PT rules.  DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.  Membership in this association provides the means for PA and PTA living in lower to take the national exam as well as making the networking of PT and PTA information much easier.
	DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: E-mail, listsery. We'b information  Requested by: Milly Many Contacts You expect Your Department To Have With This Organization:  (Department Head Agnature)  Phone:
	DOM: Approval \( \Disapproval \) \end{aligned} \)
Execu @1	Membership Form 42400 thue Council- Please return to the attention of Marcia Spaining DPH. Thank You.

Capitol Building Des Moines, Iowa 50319 Phone: 515 281-5368 FAX: 515 281-7562

TAB # 6

RECEIVED

NOV - 9 2011

IOWA DEPT. OF MANAGEMENT

### REQUEST FOR MEMBERSHIP APPROVAL

DEPARTMENT REQUESTING MEMBERSHIP: DHS, Iowa Developmental Disabilities Council
NAME OF ORGANIZATION: National Association of Councils on Developmental Disabilities (NACDD)
NEW MEMBERSHIP RENEWAL X MEMBERSHIP PERIOD: 10/01/11 to 09/30/12  (Beginning and ending dates)  MEMBERSHIP FEE OR DUES AMOUNT \$6,431.
Funding Source: State General Fund   Other State Funds   Federal Funds X
Other Funds $\Box$
DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? [] Yes X No
If yes, please list:
Please describe why your department should have an additional membership
WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? X Yes [] No If yes, list the anticipated number of trips per year and their purpose: Two out of state meetings can be anticipated each year. DD Council members are offered the opportunity to attend leadership and technical assistance institutes once a year. All travel is federally funded.
DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT.
The DD Council's membership in NACDD provides the Council with information and training at the national and local levels to implement our State Plan for Iowans with developmental disabilities in keeping with the State Policy Objectives set forth in the DD Council's federal mandate. Participation also provides the Council with updates on Federal guidelines and reporting requirements. The National Association is the recipient of technical assistance funds from the Administration on Developmental Disabilities to administer necessary technical assistance to State Councils.
DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA. Some of the benefits to be derived by NACDD membership are: National leadership opportunity for Iowans (DDC members serve on the national board); Education and training related to the authorizing legislation and compliance with mandates in that legislation that affect the role, function & operations of Iowa's DDC; Developing the DDC's resources for accomplishing personal outcomes for Iowans with disabilities; Technical assistance to assist the Iowa DDC to meet its federal mandates.
DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOW EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: NACDD publishes a weekly public policy update, monthly newsletter, topical reports related to Council Goals, as well as "Action Alert" notices when issues of importance to individuals with developmental disabilities are being considered at the national level. This organization has the Federal contract for Training & Technical Assistance for all DD Councils.
Requested by: Date: 16-19-11  (Department Head Signature)
Phone:         515-281-9083         E-mail:         bharker@dhs.state.ia.us
DOM: Approval [] Disapproval []  Signature C

July 2009

# Executive Council of Iowa $_{TAB~\#~7}$

Capitol Building Des Moines, Iowa 50319 Phone: 515 281-5368 FAX: 515 281-7562 AB#7 RECEIVED

NOV -3 2011

IOWA DEPT. OF MANAGEMENT

DEPARTMENT REQUESTING MEMBERSHIP: DHS - Iowa Medicaid Enterprise
NAME OF ORGANIZATION National Association of Medicaid Directors - NAMD
NEW MEMBERSHIP RENEWAL _X MEMBERSHIP PERIOD: July 2011 - July 2012 (Beginning and ending dates
MEMBERSHIP FEE OR DUES AMOUNT \$7,350
Funding Source: State General Fund X Other State Funds   Federal Funds X Other Funds  If Renewal, previous year amount. \$_7,350
DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? $\Box$ Yes X No
If yes, please list:
Please describe why your department should have an additional membership
WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? X Yes $\Box$ No If yes, list the anticipated number of trips per year and their purpose:
2 trips per year, Spring and Fall Conferences featuring interaction and cooperation among State Medicaid Directors, CMS, and human services programs.
DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:
Provides access to input on key national legislative, regulatory and policy initiatives. Further, the Department will have access to a knowledge base, expertise and continuity necessary to support health and human services programs. Especially important with current federal conversations about block granting Medicaid and federal health reform. Also, with Governor Branstad's membership on the Health and Human Services Committee with NGA, we feel this membership will be valuable.
DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.
We will have access to additional informational, technical assistance, and policy support to the leadership and staff.
DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:  Daily-e-mail notifications of events/legislative policies that occur in the Federal government. Also, conference calls and web access for policy/rule changes, etc.
Requested by:
DOM: Approval Disapproval Disapproval Date 11/7/11

Capitol Building Des Moines, Iowa 50319 Phone: 515 281-5368 FAX: 515 281-7562 TAB # 8

# RECEIVED

NOV -- 3 2011

IOWA DEPT. OF MANAGEMENT

DEPARTMENT REQUESTING MEMBERSHIP: DHS/MHDS
NAME OF ORGANIZATION: State Employment Ledarship Network (SELN)
NEW MEMBERSHIP RENEWAL X MEMBERSHIP PERIOD: 7-1-11 / 6-30-12 (Beginning and ending dates)
MEMBERSHIP FEE OR DUES AMOUNT \$ 35,000.00
Funding Source: State General Fund $\square$ Other State Funds $\square$ Federal Funds $\square$ Other Funds $\square \times MIG$ Funds $\square$
DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? $\Box$ Yes $\Box X$ No
If yes, please list:
Please describe why your department should have an additional membership
For Technical assistance and support provided through the State Employment Leadership Network (SELN).
WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? $\Box$ Yes $\Box$ X No If yes, list the anticipated number of trips per year and their purpose:
DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:
For Technical assistance and support provided through the State Employment Leadership Network (SELN).
DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA.  The SELN exits to assist member states in a concerted and coordinated approach to strengthen their systems' capacity to improve and increase employment outcomes for working age adults with intellectual and developmental disabilities.
DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Participation agreement timeframe
Requested by: M folmon Date: 10-3/-1/
(Department Head Signature)  Phone: 515-281-8580  Rick Shults
Tettil 16/13/11  E-mail:  DOM: Approval   Disapproval
DOM: Approval Disapproval D
Signature Date 11/7/11

Capitol Building
Des Moines, Iowa 50319
Phone: 515 281-5368
FAX: 515 281-7562

#### REQUEST FOR MEMBERSHIP APPROVAL

TAB # 9

	DEPARTMENT REQUESTING MEMBERSHIP: Iowa Department of Natural Resources
	NAME OF ORGANIZATION. Upper Mississippi River Basin Association (UMRBA)
	NEW MEMBERSHIP: RENEWAL: X MEMBERSHIP PERIOD; 7/1/2011-6/30/2012 (Beginning and ending dates)
	MEMBERSHIP FRE OR DUES AMOUNT DNR is requesting to pay one/fourth of total state membership fee, i.e. \$12,000 (see below for full state dues explanation).
	Funding Source: [] State General Fund [] Other State Funds:
	If Renewal, previous year amount: \$12,000 (i.e. one/fourth of total state membership fee)
	DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION? X Yes // No
	If yes, please list: IDOT, IDALS and IPEP all participate in one membership. Each agency usually contributes equally (i.e. \$12,000) towards the single state membership of \$48,000 total:
	Please describe why your department should have an additional membership. There is only one long state membership. Each agency contributes equally to that state membership. The Governor appoints the UMRBA representatives. UMRBA works for interstate cooperation on Mississippi River navigation and environmental policy and funding issues:
	WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL? X Yes [] No
	If yes, list the anticipated number of trips per year and their purpose:  There are four quarterly meetings held along the river in UMRBA member states: MN, WI, IA, IL and MO. Meetings are used to identify policy and management issues, identify consensus solutions, and forge coordinated action among the member states with the Corps of Engineers.
	DESCRIBE WHY THIS MEMBERSHIP IS IMPORTANT TO THE WORK OF YOUR DEPARTMENT:
	Iowa needs to be engaged in policy and management issues on the Mississippi River in cooperation with the other four states, to increase the benefits Iowans derive from this great river. The river is both a rich natural resource and a major avenue of commerce. In addition, millions of federal dollars are spent in Iowa on river projects, which generate hundreds of jobs and recreational opportunities that benefit local economies.
	DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA:
	The Upper Mississippi is annually worth over \$1.7 billion in commerce and over \$1 billion for recreation to the five states in UMRBA. Iowa's participation and leadership in UMRBA is one of the best ways to assure Iowans that they continue to receive these sustainable benefits from this great river.
	DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION: Meetings are quarterly; telephone and email contacts weekly.
	Membership Form 42400 December 10, 2010
	December 10, 2010
	•
	A
ī	Requested by: Jan John Date: 10/17/2011
	Deputy Directors (Luch George Date: 10/18/2017)
I	Director:   fa_ f Alfelo   Date:   O   a O   b
	OOM: Approvel: Desapproval:
٤	Signature: Date:
	- Tale France 10/25///

Capitol Building Des Moines, Iowa 50319 Phone: 515 281-5368 FAX: 515 281-7562 PECEWED

TAB # 10

NOV - 2 2011

IOWA DEPT. OF MANAGEMENT

DEPARTMENT REQUESTING MEMBERSHIP: Transportation
NAME OF ORGANIZATION: Commercial Vehicle Safety Alliance (CVSA)
NEW MEMBERSHIP: RENEWAL: X MEMBERSHIP PERIOD: 01/12 - 01/13 (Beginning and ending dates)
MEMBERSHIP FEE OR DUES AMOUNT: \$7,900.00
Funding Source: State General Fund  Other State Funds  \$  Federal Funds  Other Funds  \$  If Renewal, previous year amount: \$7,900.00
DO OTHER DEPARTMENTS BELONG TO THIS ORGANIZATION?  Yes  No  If Yes, please list:  Please describe why your department should have an additional membership:
WILL THIS MEMBERSHIP REQUIRE AND PAY FOR OUT-OF-STATE TRAVEL?   Yes  No  If Yes, list the anticipated number of trips per year and their purpose:
Two trips per year, the spring workshop and fall conference. Representatives from DOT currently hold voting seats in committees, which set international policy for state and provincial CMV enforcement agencies.
The spring workshop is held in conjunction with the FMCSA Leadership Conference, providing opportunities to gain insight and represent state issues to FMCSA executives. Participation is critial to Iowa DOT/MVE as CVSA establishes national policy for CMV enforcement issues. These policies impact day-to-day decisions made by enforcement personnel, which affect the trucking industry in Iowa.
DESCRIBE HOW MEMBERSHIP IN THIS ORGANIZATION WILL BENEFIT THE TAXPAYERS OF THE STATE OF IOWA:
Membership in CVSA helps maintain uniformity of CMV enforcement between the United States, Mexico and Canada, thereby reducing the number and severity of CMV-related traffic crashes.
DESCRIBE THE FREQUENCY AND TYPE OF CONTACTS YOU EXPECT YOUR DEPARTMENT TO HAVE WITH THIS ORGANIZATION:
Iowa DOT representatives to CVSA work in committees and ad-hoc groups throughout the year and during the spring workshop and fall conference.
Requested by: Date: 10-2(0-1) (Department Head Signature)
Phones 515-237-3121 E-mail: mark.lowe@dot.iowa.gov
DOM: Approval Disapproval C